

Firgrove Care Home Limited

Firgrove Nursing Home

Inspection report

21 Keymer Road
Burgess Hill
West Sussex
RH15 0AL

Tel: 01444233843

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18 November 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Firgrove Nursing Home is a residential care home providing nursing care to seven people with a range of complex health needs at the time of inspection, including some people living with dementia. The service can support up to 35 people

People's experience of using this service and what we found

The service did not have a manager employed. Day to day management of the service was undertaken by the acting manager who knew people well. Individual risks were assessed and managed to keep people safe.

Processes were in place for assessing and monitoring the quality of the services provided and ensuring that records were accurate and complete. The environment was clean and enhanced infection control processes were in place to keep people safe.

People told us that they felt safe and said there were enough staff to look after them. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 September 2020). A breach of regulation was found in relation to infection prevention and control and in governance.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a targeted inspection to check if improvements had been made to address the concerns highlighted at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this targeted inspection to check on a specific concern we had about how risks to people

were managed and the providers processes for monitoring the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Firgrove Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had acted upon concerns raised at the previous inspection in relation to ensuring people's safety and process for monitoring the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Firgrove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two staff. We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if improvements had been made to address the concerns highlighted at the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

At the last inspection Infection there was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because prevention and control risks were not managed effectively and put people at risk of unsafe care or treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- We undertook an audit of the providers infection control processes and observed staff practice.
- We were assured that the provider was preventing visitors from catching and spreading infections'. PPE was available to visitors and must be worn. Temperature checks were taken before visitors could come into the service.
- We were assured that the provider was meeting shielding and social distancing rules. Measures were taken to ensure friends and relatives could visit their loved ones safely and in line with government guidelines.
- We were assured that the provider was admitting people safely to the service. Before moving into the service, a person would require a negative COVID 19 test result and undertake a period of two weeks isolation in their bedroom.
- We were assured that the provider was using PPE effectively and safely. We observed staff wearing PPE correctly and taking time to wash their hands and apply antibacterial gel. Staff wore face masks all the time and aprons and gloves when supporting people with personal care.
- We were assured that the provider was accessing testing for people using the service and staff. Staff and people were undertaking regular COVID 19 testing, in line with government guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Infection control stations were positioned around the service and were well stocked with PPE and disinfectant wipes. Enhanced cleaning practices were in place.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Staff received infection control training.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- At the previous inspection we not assured about the providers processes to maintain people's skin integrity. At this inspection processes were in place to assess and mitigate the risk of people developing pressure ulcers.
- Waterlow assessments were undertaken to assess if a person was at risk of developing a pressure ulcer. People had skin integrity care plans which reflected the individual support people required. This included ensuring people remained hydrated, regular re-positioning and the use of equipment such as pillows and pressure relieving pads. For example, care records for one person recorded they had been repositioned in bed every 3-4 hours. This was in line with their skin integrity care plan and reflected the person's wishes to only spend an hour a day in a seating position.
- Records evidenced that people's wound dressings were changed regularly using aseptic techniques to prevent infection. People were provided with support to manage any pain or discomfort and staff used a body map and photographs to record and report any changes to people's skin. This enabled nurses to respond in a timely way and take penetrative measures to mitigate the risk of the persons skin breaking down.
- The risks of undertaking aerosol generating procedures (AGP) such as suctioning were identified and mitigated . Staff were aware of the requirements of enhanced safety and personal protective equipment (PPE) when undertaking an AGP . The correct PPE was available to staff and included enhanced face and eye protection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if improvements had been made to address the concerns highlighted at the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection insufficient improvements had been made to monitor and drive up the quality of care provided to people. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made to the way the service was monitored. Processes were in place to drive up the quality of care provided to people and the provider was no longer in breach of regulations.

Continuous learning and improving care

- At this inspection, action had been taken to ensure auditing systems identified areas for improvement. Detailed audits relating to a number of areas had been completed including infection control and dignity audits. Where the need for improvement was identified action had been taken to address this.
- The service did not have a manager. The manager who had commenced in July 2020 had left the service prior to this inspection. Day to day operational oversight of the service was being undertaken by the acting manager until a new manager was appointed.
- Measures had been taken to ensure concerns raised at the previous inspection had been addressed. Care plans had been reviewed and any gaps in information had been addressed. For example, guidance was available for care staff on how to keep people's skin healthy and how to escalate concerns to nursing staff. Following the previous inspection new equipment for use when people were choking was purchased and staff had been trained in its use.
- Medication audits had been undertaken. These included the monitoring of stock levels, storage of medicines and observing practice to ensure medicines were administered safely. Controlled drugs were monitored and stored in line with requirements. Medication administration records were reviewed, and any gaps were investigated.
- Accidents and incidents reports were reviewed. Information was analysed and used to drive further improvement. Incidents had been considered in line with local authorities safeguarding guidance and requirements.
- There was a clear staffing structure with identified management and clinical roles. Staff demonstrated an understanding of their roles and responsibilities. Staff performance was observed to check policies and

procedures were being followed. Staff had 1-1 reviews to consider their own development needs and share ideas about service improvement.

- People's views were sought of the care they received. People, relatives and staff were encouraged to make suggestions for improving the care offered. Residents meetings were held monthly and provided an opportunity for people to share ideas for driving improvement and change.